



**Louisiana Department of Health
Informational Bulletin 12-3
Revised January 20, 2021**

Member ID Cards

Aetna Better Health Louisiana

AETNA BETTER HEALTH®		aetna
Bayou Health		
Member ID# 000000000-00	Date of Birth 00/00/0000	
Member Name Last Name, First Name	Sex X	
PCP Last Name, First Name		
PCP Phone/24 Hours 000-000-0000	Effective Date 00/00/0000	
RxBIN: 610591 RxPCN: ADV RxGRP: RX8834		
Pharmacist Use Only: 1-855-364-2977		
www.aetnabetterhealth.com/louisiana		
THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.		


Aetna Better Health of Louisiana	2400 Veterans Memorial Blvd., Suite 200 Kenner, LA 70062
Members	
Member Services & Filing Grievance 24/7	1-855-242-0802, TTY 711
Fraud & Abuse Hotline 1-855-725-0288	Report Medicaid Fraud 1-800-488-2917
24 Hour Nurse Line 1-855-242-0802	Pharmacy 1-855-242-0802
Vision Services 1-800-879-6901	
Emergency care: If you are having an emergency, call 911 or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.	
Providers	
Provider Services and Prior Authorization	1-855-242-0802
Send medical claims to Aetna Better Health P.O. Box 61808 Phoenix, AZ 85082-1808	Electronic claims Payer ID 128LA

AmeriHealth Caritas

AmeriHealth Caritas Louisiana	
Doe, John	Primary care provider (PCP)
Plan ID 12345678	PCP last name, PCP first name
Sex: M	Address
DOB: MM/DD/YYYY	City, State ZIP
Effective: MM/DD/YYYY	Group name
Plan code 355/855	PCP phone number 1-555-555-1234
	RxBIN: 019595
	RxPCN: 06030000
PERFORM[®]	

AmeriHealth Caritas Louisiana	P.O. Box 83580, Baton Rouge, LA 70884 www.amerithealthcaritasla.com
Always carry your AmeriHealth Caritas Louisiana card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Louisiana primary care practitioner (PCP) for medical care.	
Emergency room: Go to an emergency room near you when you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.	
Out-of-area care: Report out-of-area care to AmeriHealth Caritas Louisiana and your PCP within 48 hours.	
Non-emergency medical transport (NEMT): For transportation services, call 1-888-913-0364.	
Member Services and filing grievances or appeals 1-888-756-0004 or TTY 1-866-428-7588	Provider Services and prior authorization 1-888-922-0007
Report Medicaid fraud 1-800-488-2917	To speak with a nurse anytime 1-888-632-0009
24-hour Mental Health and Substance Use Crisis Line 1-844-211-0971	Pharmacy Member Services 1-866-452-1040 or TTY 1-855-294-7047
Pharmacy Provider Services 1-800-684-5501	AmeriHealth Caritas Louisiana Claims Processing P.O. Box 7322, London, KY 40742

Healthy Blue

 Healthy Blue		Medicaid	
Identification Number		Primary Care Provider (PCP):	
Effective Date: Date of Birth:		Telephone #: After Hours #:	
		RXBIN: 003858 RXPCN: MA RXGRP: WKLA	

 Healthy Blue		www.myhealthybluea.com
Members: Please carry this card at all times. Show this card before you get medical care (except emergencies). If you have an emergency, call 911 or go to the nearest emergency room. To file an appeal or grievance, call Member Services.		Member Services: 1-844-521-6941 Appeals or Grievances: 1-844-521-6941 TTY: 711 24/7 NurseLine: 1-866-864-2544 24/7 Behavioral Health Crisis: 1-844-812-2280 Rides to covered services: 1-866-430-1101 Vision Services: 1-800-787-3157
Providers/Hospitals: For preapproval/billing information, call 1-800-454-3730. For emergency admissions, notify Healthy Blue within 24 hours after treatment.		Use of this card by any person other than the member is fraud. Louisiana Medicaid Fraud and Abuse Hotline: 1-800-488-2917
Pharmacies: Submit claims using Express Scripts. For help, call 1-844-367-8111. Submit medical claims to: Healthy Blue, P.O. Box 61010, Virginia Beach, VA 23466-1010 <small>LA01 09/17</small>		Healthy Blue 3850 N. Causeway Blvd. Metairie, LA 70002 <small>Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.</small>

Louisiana Healthcare Connections

Rx: US Script BIN: 008019 Name: JOHN SMITH Medicaid ID #: 1234567891011 DOB: 01/01/2012	
PCP Name: JANE DOE PCP Address: 1234 Main St. City, LA 71234	
PCP Phone #: (555) 555-1234 After Hours #: (555) 555-5678	
If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Louisiana Healthcare Connections for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Louisiana Healthcare Connections NurseWise® toll-free at 1-866-595-8133 (TDD/TTY 1-877-285-4514). NurseWise is open 24 hours a day.	

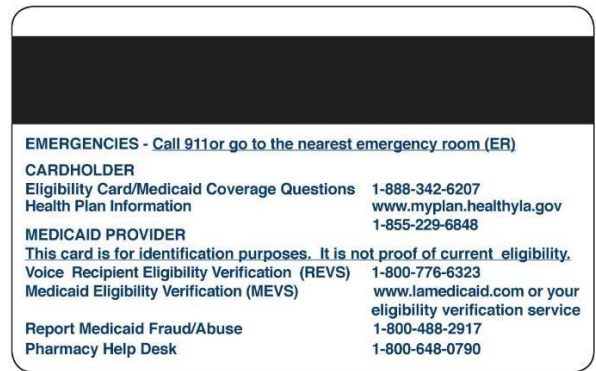
IMPORTANT TELEPHONE NUMBERS Members: Member Services: 1-866-595-8133 TDD/TTY: 1-877-285-4514 24/7 NurseWise: 1-866-595-8133 Vision: 1-866-595-8133 File a Grievance: 1-866-595-8133 Report Medicaid Fraud: 1-800-488-2917 Providers: Provider Services: 1-866-595-8133 IVR Eligibility Inquiry/Prior Authorization: 1-866-595-8133 US Script: 1-877-690-9330 Report Medicaid Fraud: 1-800-488-2917	IMPORTANT ADDRESSES Medical claims: Louisiana Healthcare Connections Attn: CLAIMS PO Box 4040 Farmington, MO 63640-3826 Address: Louisiana Healthcare Connections 8585 Archives Avenue Suite 310 Baton Rouge, LA 70809
Provider/claims information via the web: www.LouisianaHealthConnect.com .	

UnitedHealthcare Community Plan

	
Health Plan (80840) 911-87726-04	
Member ID: 999999999	
Member: SUBSCRIBER BROWN	Payer ID: 87726
PCP Name: PROVIDER BROWN PCP Phone/24 hours: (999)999-9999 PCP Clinic Name: 1234 Address Street Anywhere, LA 12345	DOB: 02/08/2012
	
0501 Administered by UnitedHealthcare Community Plan, Inc.	

In an emergency go to nearest emergency room or call 911. <small>Printed: XXXXXX</small>	
	
This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member Handbook. To find a provider visit the website www.MyUHC.com/CommunityPlan .	
For Members: NurseLine: 1-877-440-9409 Report Fraud: 1-800-488-2917	TTY 711 TTY 711 TTY 711
For Providers www.UnitedHealthcareOnline.com 1-866-675-1607 Medical Claims: PO Box 31341, Salt Lake City, UT 84131-0341	
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903 For Pharmacist: 1-866-328-3108 Rx Prior Auth: 1-800-310-6826	

Gainwell Technologies-Issued Medicaid Card



DentaQuest



MCNA Dental



Medicaid Eligibility Verification System (MEVS)

Screenshot for an individual enrolled in a Healthy Louisiana plan:

Search Type	Recipient ID and DOB	Recipient ID	777777777777	Date of Birth	12/12/2011	Plan Date	01/16/2015
--------------------	-------------------------	---------------------	--------------	----------------------	------------	------------------	------------

Subscriber Information

Provider Information

Name LOUANNA , LOUIS
Subscriber ID 777777777777
Date of Birth 12/12/2011
Sex Male
Address 11223 MAPLE STREET
 CLEAR LAKE LA 76666-0000

Provider LDH EXEC MGMT/MOLINA PBMSTAF
NPI 7777777773
Submitter ID 2252166370

For name or address discrepancies, recipients must call the Louisiana Medicaid Eligibility Hotline at 1-877-252-2447.

Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan	Medicaid Coverage	Eligible for Medicaid on Plan Date. Plan Begin Date 01/01/2015
Deductible	Health Benefit Plan	Medicaid Coverage	Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Deductible	Health Benefit Plan	Medicaid Coverage	Health Plan Remaining Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan	Medicaid Coverage	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	HEALTHY LOUISIANA PLAN Benefit Begin 04/01/2012 PHARMACY PBM IS USSCRIPT Managed Care Organization LOUISIANA HEALTHCARE CONNECTI Telephone (866) 595-8133

Active Coverage	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER
			Payer MCNA INSURANCE COMPANY
			Telephone (855) 701-6262
			URL https://portal.MCNA.net
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Dental Care, Hospital - Inpatient, Hospital - Outpatient, Pharmacy
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Hospital - Inpatient, Hospital - Outpatient
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Hospital - Inpatient, Hospital - Outpatient

Please Note: Individual coverage level applies to all benefits.

Request Reference Number 120999620150116033333 **Response Reference Number** 201501160088822

Transaction run on 01/16/2015 at 03:08:24 CT by LAMedicaid - Louisiana Medicaid

Screenshot for an individual enrolled in Legacy Medicaid: